



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde Graeber, Secretary

September 23, 2002

Mr. Russell J. Dunn
Clean Harbors Environmental Services, Inc.
2549 N. New York Ave.
Wichita, KS 67219

RE: Hazardous Waste Compliance Inspection of June 12 & 13, 2002.
Clean Harbors Environmental Services, Inc. (Formerly Safety-Kleen, Inc.)
EPA ID No.: KSD007246846
Sedgwick County

Dear Mr. Dunn:

Our office received your letters dated September 11 and 19, 2002, which provides documentation that you have taken actions to correct deficiencies found during the June 12 and 13, 2002, hazardous waste compliance inspection. Based on this information, you have satisfactorily corrected violation six.

Our records indicate that all of the violations cited during the June 12 and 13, 2002, hazardous waste compliance inspection, have been corrected.

Please be aware that a report of this inspection is submitted to the Bureau of Waste Management (BWM) in Topeka for review. Each report is reviewed and an evaluation is made to determine if additional enforcement is warranted. A penalty may be issued by BWM for violations identified during this inspection.

Your cooperation with the hazardous waste management program is appreciated. If you have questions concerning this letter, please call me at (316) 337-6039



R00417761

RCRA RECORDS CENTER

DIVISION OF ENVIRONMENT
Bureau of Environmental Field Services

South Central District Office
130 S. Market, Room 6050
Wichita, KS 67202-3802

Printed on Recycled Paper

(316) 337-6039
FAX (316) 337-6023
dtravis@kdhe.state.ks.us

Sincerely,



Debbie Travis
Environmental Technician
Bureau of Environmental Field Services

cc: John Mitchell, Bureau of Waste Management, Topeka
Mark Duncan, Compliance and Enforcement, Topeka
SCDO, File

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Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM
A**

Handler Safety Kleen, Inc.

ID Number	K	S	D	0	0	7	2	4	6	8	4	6	LDF ()	TSF (X)	GEN (X)	KG ()	SQ ()	TRA ()
													HWM ()	HWB ()	UOM ()	UOB ()	NOT A GEN ()	

Handler Name: Safety Kleen (Wichita), Inc. AT 10/18/02 CL 10/18/02
FT RCRIS

Street: 2549 N. New York

City: Wichita, KS 67219

County: **Sedgwick**

EVALUATION

New ☒

Followup: Date (on site)

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Date (of letter)

M	M	D	D	Y	Y
0	9	2	3	0	2

Delete

Date

Y	Y
0	2

M	M
0	6

D	D
1	3

Agency **S**

Type	C	S	E
------	---	---	---

Reason	0	1
--------	---	---

Person	D	L	T
--------	---	---	---

District	S	C
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Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator

GER	<table><tr><td>E</td><td>V</td></tr></table>	E	V	GPT	<table><tr><td>E</td><td>V</td></tr></table>	E	V
E	V						
E	V						
GGR	<table><tr><td>E</td><td>V</td></tr></table>	E	V	GRR	<table><tr><td>E</td><td>V</td></tr></table>	E	V
E	V						
E	V						
GLB	<table><tr><td>E</td><td>V</td></tr></table>	E	V	GSC	<table><tr><td>E</td><td>V</td></tr></table>	E	V
E	V						
E	V						
GMR	<table><tr><td>E</td><td>V</td></tr></table>	E	V	GSQ	<table><tr><td></td><td></td></tr></table>		
E	V						
GOR	<table><tr><td></td><td></td></tr></table>						

Transporter		
TGR		
TMR		
TOR		
TRR		
TWD		

Treatment/Storage/Disposal Facility			
DCH	<input type="checkbox"/>	<input type="checkbox"/>	
DCL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DCP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DFR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DGW	<input type="checkbox"/>	<input type="checkbox"/>	
DIN	<input type="checkbox"/>	<input type="checkbox"/>	
DLB	<input type="checkbox"/>	<input type="checkbox"/>	
DLF	<input type="checkbox"/>	<input type="checkbox"/>	
DLT	<input type="checkbox"/>	<input type="checkbox"/>	
DMC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DMR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DOR	<input type="checkbox"/>	<input type="checkbox"/>	
DOT	<input type="checkbox"/>	<input type="checkbox"/>	
DPB	<input type="checkbox"/>	<input type="checkbox"/>	
DPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DSI	<input type="checkbox"/>	<input type="checkbox"/>	
DTR	<input type="checkbox"/>	<input type="checkbox"/>	
DTT	<input type="checkbox"/>	<input type="checkbox"/>	
DWP	<input type="checkbox"/>	<input type="checkbox"/>	

	Other	
BRR	<input type="checkbox"/>	<input type="checkbox"/>
CAS	<input type="checkbox"/>	<input type="checkbox"/>
CSS	<input type="checkbox"/>	<input type="checkbox"/>
FEA	<input type="checkbox"/>	<input type="checkbox"/>
ILD	<input type="checkbox"/>	<input type="checkbox"/>

Used Oil	UOM		UOB		UTM		SUM		SUB	
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COMMENTS

[illegible]

10 10

1 2 3 4 5

6 7 8 9 10

10 10

10

1 2 3 4 5

6 7 8 9 10

11 12 13 14 15

16 17 18 19 20

21 22 23 24 25

26 27 28 29 30

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46 47 48 49 50

51 52 53 54 55

56 57 58 59 60

61 62 63 64 65

66 67 68 69 70

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751 752 753 754 755

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766 767 768 769 770

771 772 773 774 775

776 777 778 779 780

781 782 783 784 785

786 787 788 789 790

791 792 793 794 795

796 797 798 799 800

801 802 803 804 805

806 807 808 809 810

811 812 813 814 815

816 817 818 819 820

821 822 823 824 825

Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM
B**

ID Number **K S D 0 0 7 2 4 6 8 4 6**

Handler Name: **Safety Kleen (Wichita), Inc.**

VIOLATION # 6	Date Determined	M M	D D	Y Y
		0 6	1 2	0 2
New <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>	
Agency	Number	Area	Class	Priority
S		D G S	1	
Type P C				
Regulation Citation: 40CFR264.31 / Permit Condition II. A.				
Description: Failure to maintain the				
Returned to Compliance				
roofs in buildings B, J, I, & D.				
	Schl'd	M M	D D	Y Y
		0 8	0 5	0 2
	Actual	0 9	1 9	0 2

VIOLATION # _____	Date Determined	M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>	
Agency	Number	Area	Class	Priority
S				
Type <input type="text"/>				
Regulation Citation: _____				
Description: _____				
Returned to Compliance				
	Schl'd	M M	D D	Y Y
	Actual			

ENFORCEMENT

New ☒

Change ☐

Delete ☐

Date **0 2** **0 6** **1 3**

Number

Agency **S**

Type **1 2 0**

District **S C**

Person **D L T**

COVERED

Agency	Violation Number	Area
S		
S		
S		
S		

Agency	Violation Number	Area
S		
S		
S		
S		

Agency	Violation Number	Area
S		
S		
S		
S		

Comments: _____